

# **PART 70 OPERATING PERMIT**

PART 1 - INSTALLATION INF	ORMATION AND CERTIFICATION					
FIPS NO.		PLANT NO.				
INSTALLATION NAME						
INSTALLATION LOCATION (STREET A	ADDRESS AND CITY)					
OPERATING PERMIT NUMBER		DATE OPERATING PERMIT ISSUED				
0, 2, 3, 1, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		5.112 6. 2.171.116. 2.1111.1 16662.5				
TVDE OF DEPORT						
TYPE OF REPORT		. MONUTODINO				
☐ ANNUAL COMPLIANCE C		L MONITORING				
IF ANNUAL COMPLIANCE CERTIFICATHE SEMI-ANNUAL MONITORING RE		ATION BEING SUBMI	MITTED TO ALSO FULFILL THE REPORTING REQUIREMENTS	S FOR		
☐ YES ☐ NO						
REPORTING PERIOD START DATE		REPORTING PERIOD END DATE				
	RESPONSIBLE OFFICIA	ΔΙ	PERMIT CONTACT PERSON			
	RESPONSIBLE OFFICIA	<u> </u>	PERIMIT CONTACT PERSON			
Name						
Title						
Mailing Address						
Telephone Number						
HAS THE ABOVE INFORMATION CHA	NINGED SINCE THE ISSUANCE OF THE OPERAT	ING PERMIT?				
☐ YES ☐ NO						
CERTIFICATION STATEMENT	Г					
I certify, based on information a and complete.*	and belief formed after reasonable inqu	iry, the statement	nts and information in this document are true, according	urate		
SIGNATURE OF RESPONSIBLE OFFI	CIAL		DATE SIGNED			
PRINT NAME OF RESPONSIBLE OFF	TCIAL					
*This cortification moons that t	the cianatory has verified compliance w	rith all applicable	a regulations and energting permit conditions, and	that		
*This certification means that the signatory has verified compliance with all applicable regulations and operating permit conditions, and that						
the installation has complied with all monitoring, record keeping, reporting and testing conditions specified in the operating permit unless						
specified differently in a deviations report. For information concerning administrative and civil penalties, please consult Section 643.085 of						
the Revised Statutes of the State of Missouri (RSMo) and Section 643.151 RSMo, respectively.						

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### **PART 70 OPERATING PERMIT**

PART 2					
FIPS NO.		PLANT NO.			
INSTALLATION	NAME				
DEDODTING DE	TRIOD				
REPORTING PE	:HIOD				
1. PLANT-W	IDE PERMIT CONDITIONS				
DID THE INSTA	LLATION EXPERIENCE ANY DEVIATIONS DURING THE REPORTING	PERIOD FROM THE PLANT-WIDE PERMIT CONDITIONS?			
☐ YES	YES NO				
2. EMISSION	UNIT PERMIT CONDITIONS				
DID THE INSTA	LLATION EXPERIENCE ANY DEVIATIONS DURING THE REPORTING	PERIOD FROM THE EMISSION UNIT PERMIT CONDITIONS?			
☐ YES	□NO				
3. CORE PE	RMIT REQUIREMENTS				
DID THE INSTA	LLATION EXPERIENCE ANY DEVIATIONS DURING THE REPORTING	PERIOD FROM THE CORE PERMIT REQUIREMENTS?			
☐ YES	□NO				
4. GENERAI	L PERMIT REQUIREMENTS				
DID THE INSTA	LLATION EXPERIENCE ANY DEVIATIONS DURING THE REPORTING	PERIOD FROM THE GENERAL PERMIT REQUIREMENTS?			
☐ YES	$\square$ NO				
	the installation must complete Part 3 of the Complia	ions above, and the installation has not previously reported the nce Certification and Monitoring Report Form.			

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PAGE 3 CORRECTIVE ACTION CAUSE OF DEVIATION DEVIATION DURATION INSTALLATION NAME DEVIATION DATE ATTACH ADDITIONAL PAGES, AS NEEDED. DEVIATION DESCRIPTION MONITORING METHOD PART 3 - DEVIATIONS FROM REQUIRED MONITORING PLANT NO. MONITORED LEVEL **POLLUTANT** REPORTING PERIOD PERMIT CONDITION MO 780-1808 (10-02) FIPS NO.



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FAIT TO OF LIMIT							
PART 4 - DEVIATION REPO FIPS NO.	RISUMMARY	PLANT NO.					
111 0140.		T DAVING.					
INSTALLATION NAME							
REPORTING PERIOD							
WEDE THERE ANY OTHER MONIT	ODING DEVIATION (EVCESS EMISSION) DEDOC	TS SUBMITTED TO THE MISSOURI DEPARTMEN	T OF NATURAL RESOURCES. AIR				
POLLUTION CONTROL PROGRAM	DURING THIS REPORTING PERIOD?	113 SOBWITTED TO THE WIISSOON DEPARTMEN	IT OF NATURAL RESOURCES - AIR				
☐ YES ☐ NO (IF YES	S, SUBMIT A COPY OF THE REPORT (	OR COMPLETE THE DEVIATION REPO	RT SUMMARY BELOW)				
,			,				
			DATE REPORT				
PERMIT CONDITION REPORTING REQUIREMENT		REQUIREMENT	SUBMITTED TO THE				
			DEPARTMENT				